

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A151

Dr Thompson  
Dr Bunker.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 108

Phone: 775-3511 W.

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester

County

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, institution, or street address where death occurred:

Cambridge Red Cross Hospital

How long in hospital or institution? 2 weeks

3. (a) FULL NAME

Theodore T. Birchett

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

David J. Lee

7. Birth date of deceased (mo., day, yr.)

January 18 1891

6. (c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

55

4

76

hrs.

min.

9. Birthplace

Washington D.C.

(Town, County, and state)

10. Usual occupation

Machinist

11. Industry or business

Robert Birchett

Washington

12. Name

Robert Birchett

13. Birthplace

Washington

14. Maiden name

Mary Elizabeth Crowbridge

Roxbury, W. Va.

15. Birthplace

Roxbury, W. Va.

16. Informant

Mrs. Dorothy L. Birchett

Address

Virginia Ave. Cambridge MD

17. Burial

Date thereof 6-18-1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Arlington National Cemetery

Location

Arlington, Va.

18. Funeral director

Ernest R. Shaw

Address

Cambridge, Md.

19. (Date rec'd by registrar)

6-18-46 John Macay M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington D.C.

County

City or town Washington D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Virginia Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

453-01-3289

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 14 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I, attended deceased from June 1 1946, to June 13 1946, and that I last saw him alive on June 13 1946.

Immediate cause of death Anesthesia and  
Pneumonia, Herbarith

DURATION

?

Due to Pneumonia, Anesthesia

?

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

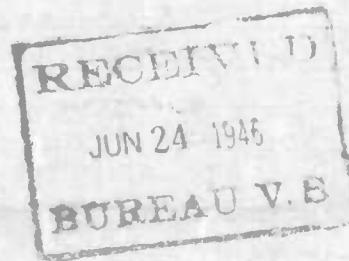
Means of injury

Injured at work?

23. SIGNATURE

James G. Thompson  
M. D. or other  
Address Cambridge, Md.  
Date signed 14 June 46

Fort myer Va  
Arlington Co



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

05931

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....

Worchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

entire life

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Alice H. Branda

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

Married

B.(b) Name of husband or wife.....

Charles M. Branda

7. Birth date of deceased (mo., day, yr.)

April 14, 1914

6.(c) If alive, give age 48 years

8. AGE:

Years 32

Months 1

Days 25

If less than one day

hrs.

min.

9. Birthplace.....

Cambridge

(Town, county, and state)

10. Usual occupation.....

Shirt Factory Worker

11. Industry or business

MOTHER FATHER

John S. B. Hubbard

Nor Co.

12. Name.....

13. Birthplace.....

Iola Hurley

Nor Co.

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Charles M. Branda

Address

Cambridge, Md.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Date thereof 6-11-46

Cemetery or crematory

Worchester Memorial Park

Location

Cambridge, Md.

18. Funeral director.....

Kenneth R. Thomas

Address

Cambridge, Md.

19. (Date rec'd by registrar)

6-11-

1946

John Joseph MD

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County.....

City or town.....

116 Gay St.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Cambridge

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

214-16-4122

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 9 1946 at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-30 1945 to June 9 1946

and that I last saw her alive on June 10 1946

Immediate cause of death.....

Coronary Thrombosis

Due to..... Cardi. valvula disease

DURATION

2 yrs.

Due to.....

Cerebral left force 2 days  
Acute alcohol 11 days

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

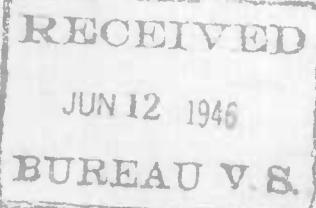
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Joseph MD  
Cambridge, Md. M. D. or other  
Date signed 6-13-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1336

## CERTIFICATE OF DEATH

05932

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County

City or town

Dorchester  
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 days

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

6 days

## 3. (a) FULL NAME

Lee Bryan

4. Sex

male colored married

5. Color or race

6.(a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

Rachel Bryan

## 7. Birth date of deceased (mo. day, yr.)

about 1876

6.(c) If alive, give age years

## 8. AGE:

Years	Months	Days	If less than one day
70	9	29	hrs. min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

Laborer

Camerer

## 11. Industry or business

Robert Bryan

## 12. Name

Mary Stanley

Maryland

## 13. Birthplace

Maryland

Mary Stanley

## 14. Maiden name

Mary Stanley

## 15. Birthplace

Maryland

Mary Stanley

## 16. Informant

Rachel Bryan

## Address

120 Pine St. Cambridge

## 17. Burial

Burial

## (Burial, cremation, or removal, W/M/C?)

Date thereof

6-23-46

## Cemetery or crematory

Dorchester Cemetery

## Location

Cambridge Md.

## 18. Funeral director

Lynn St. Bryan

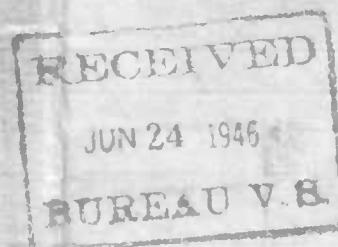
## Address

Cambridge Md.

## 19. (Date rec'd by registrar)

6/20/46

19. (



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

## CERTIFICATE OF DEATH

05933

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 hoursHospital, Institution, or street address where death occurred: Cambridge Maryland HospitalHow long in hospital or institution? 2 1/2 hours

## 3. (a) FULL NAME

Francis Wayne Dean

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single6. (b) Name of husband or wife None7. Birth date of deceased (mo., day, yr.) June 22<sup>nd</sup> 1946 9:26 A.M.8. AGE: Years 0 Months 0 Days 0 If less than one day 21 hrs. 34 min.9. Birthplace Cambridge Maryland (Town, County, and state)10. Usual occupation None11. Industry or business —12. Name Francis Dean13. Birthplace Hooper Island, Md.14. Maiden name Catherine Louise Moore15. Birthplace Wingates, Maryland16. Informant Mrs. Catherine M. DeanAddress Wingates MarylandBurial Burial Date thereof June 23, 1946(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dean Family Burial LotLocation Wingate, Maryland18. Funeral director Kenneth R. ThomasAddress Cambridge, Maryland19. 6-24-46 Date rec'd by registrar John MacLeod

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Wingates (If outside city or town limits, write RURAL and give nearest town)Street No. None (If rural, give LOCATION)2.(a) If veteran, name war No

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23<sup>rd</sup> 1946 at 7:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 1946 to June 23 1946and that I last saw him alive on June 23 1946Immediate cause of death Prematurity (32 weeks)6 lb 10 ozDue to Premature Causetoo rapid pregnancyDue to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. —Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Eldridge H. Defford M. D. or otherAddress Cambridge, Md. Date signed 6-25-46

RECEIVED

JUN 26 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

05934

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

6/4/46 to 6/29/46

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge-Maryland Hospital

How long in hospital or institution?

6/4/46 to 6/29/46

## 3. (a) FULL NAME

NELLIE HARRIS

## 4. Sex

Female

## 5. Color or race

Negro

## 6. (a) Single, married, widowed, or divorced

Married

## 8. (b) Name of husband or wife

Willie K. Harris

## 7. Birth date of deceased (mo., day, yr.)

July 27, 1908

## 6. (c) If alive, give age

43

years

## 8. AGE:

37

11

7

If less than one day

hrs. - min.

## 9. Birthplace

Vienna, Maryland

(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

Home

## FATHER

12. Name..... Alexander Jackson

## MOTHER

13. Birthplace..... Vienna, Maryland

## 14. Maiden name

Henrietta Stewart

## 15. Birthplace

Vienna, Maryland

## 16. Informant

Willie K. Harris

## Address

Vienna, Maryland

## 17. Burial

Date thereof..... July 1, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Vienna Colored Cemetery

## Location

Vienna, Maryland

## 18. Funeral director

J. J. Trampson and Son

## Address

Federalsburg, Maryland

## 19. (Date rec'd by registrar)

19.

July 1, 1946

John Macey Jr. M.D.

Registrar

Registrator

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Dorchester

City or town..... Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 29

19. 46 at 6.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1946, to June 29, 1946, and that I last saw her alive on June 26, 1946.

## Immediate cause of death

(1) Hypertension C.V.R.D.

(2) Hypertension, Chronic glomerulonephritis

DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

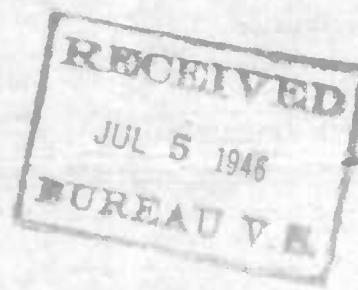
Injured at work?

## 23. SIGNATURE

M. D. or other

Address..... 11 Spring St., Cam. Date signed..... 6/29/46.

bridge



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 5935 116

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Loretta Lakes

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Leanne Ralad Maiold  
Loretta Lakes

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) NOV. 19 1904

8. (c) If alive, give age 41 years

8. AGE: Years Months Days It less than one day  
41 6 14 hrs. min.

9. Birthplace Leno County, Leasburg, Georgia

(Town, county and state)

10. Usual occupation Laborer

11. Industry or business None

12. Name of mother Leab Walker

13. Birthplace Don't know

14. Maiden name Judie Jackson

15. Birthplace Don't know

16. Informant Leida Lakes

Address 4 Colman and Cambridge

17. Burial, cremation, or removal, which? Burial Date thereof Dec 28 1946

(month) (day) (year)

Cemetery or crematory Cemetery

Location Albany, Ga.

18. Funeral director Lewis H. Barnes

Address Albany, Ga.

19. (Date death began) 6/1/46 (Date signed) 6/1/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 11 1946 a/v 10 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 14 1945 to June 11 1946

and that I last saw her alive on June 11 1946

## Immediate cause of death

Cancer of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

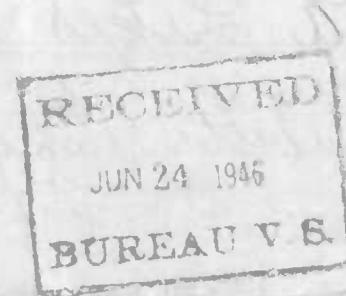
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

Alfred E. Barnes, M.D. M. D. or other

Address Cambridge, Md. Date signed 6-12-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-41

06413

## CERTIFICATE OF DEATH

060627/10  
Reg. Dist. No.

1. PLACE OF DEATH  
County..... Dorchester.  
City or town..... Federalsburg R.J.D.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 9 weeks.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Md. County..... Worcester  
City or town..... Berlin  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)

3. (a) FULL NAME  
Isaac H. Littleton.  
4. Sex..... male Color or race..... white  
5. (a) Single, married, widowed, or divorced..... widower.  
6. (b) Name of husband or wife..... Mary E. Littleton  
7. Birth date of deceased (mo., day, yr.)..... Oct. 4, 1855  
8. AGE: Years..... 90 Months..... 8 Days..... 18  
If less than one day..... hrs. ..... min.  
9. Birthplace..... Berlin Wm. Co. Md.  
(Town, county, and state)  
10. Usual occupation..... Farmer.  
11. Industry or business  
12. Name..... Isaac Littleton.  
13. Birthplace..... Md.  
14. Maiden name..... Nancy J. Littleton  
15. Birthplace..... Md.  
16. Informant..... Mrs. James Branchberry  
Address..... Federalsburg Md.  
17. Burial Date thereof..... 6/22/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Berlin Evergreen.  
Location..... Berlin Md.  
18. Funeral director..... Bruce R. Burbridge  
Address..... Berlin Md.  
19. Date of death registrant..... 6/22/46  
Date of death..... 1946  
Address..... Chesapeake Hastings  
Registrar..... June

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 6/22 1946 at 2:23 P.M.  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
April 30, 1946, to 6/22 1946  
and that I last saw him alive on 6/22 1946  
Immediate cause of death..... Chronic myocarditis  
DURATION..... 5 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? ..... (City or town) ..... (County) ..... (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE..... Frank M. Anderson M.D.  
M. D. or other.....  
Address..... Federalsburg Md. Date signed..... 6/22/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05936

## CERTIFICATE OF DEATH

Reg. Dist. No. 11C

1. PLACE OF DEATH: **Dorchester**  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **2 yrs. 8 months-6 days.**  
 Hospital, institution, or street address where death occurred:  
**Eastern Shore State Hospital**  
 2 yrs. 8 months-6 days  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Queen Anne's**  
 City or town..... **Centerville,**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
**William Thomas Lynch**

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**

6.(b) Name of husband or wife.....  
**Unknown**

7. Birth date of deceased (mo., day, yr.) **about 1877**

8. AGE: **69** Years      Months      Days      If less than one day  
..... hrs.      ..... min.

9. Birthplace..... **nr. Centerville, Maryland**  
 (Town, county, and state)

10. Usual occupation..... **Farm Laborer**

11. Industry or business

12. Name..... **John Lynch**  
 13. Birthplace..... **Maryland**

14. Maiden name..... **Unknown**  
 15. Birthplace..... **Unknown**

16. Informant..... **Hospital Records**

Address..... **E.S.S. Hospital, Cambridge, Maryland**

17. Burial..... **Burial** Date thereof..... **6/16/46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **Chestertown**

Location..... **Bentreechee, Md**

18. Funeral director..... **Bartn Brn**

Address..... **Chestertown, Md**

19. (Date recd by registrar) **6/17/46** **Registrar**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **June 12, 1946** at **10:05 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 6, 1943** to **June 12, 1946**

and that I last saw him alive on **June 12, 1946**

Immediate cause of death..... **Arteriosclerotic Cardio-Vascular Disease. With decompensation**

Due to.....

Due to.....

Other conditions.....

..... (Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

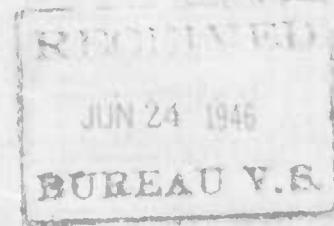
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... **John W. Morrison** M. D. or other

Address..... **Centreville, Md** Date signed..... **6/17/46**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

05937

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? -

Hospital, institution, or street address where death occurred:

321 Washington St.

How long in hospital or institution? -

## 3. (a) FULL NAME

Leven Elmiba Gore Mayne

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Joseph H. Mayne

(Deceased 12/10/1944) (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1868

8. AGE: Years Months Days If less than one day  
77 10 11 hrs. min.9. Birthplace Taylors Island, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation -

11. Industry or business -

12. Name Lemia Gore

13. Birthplace Maryland

14. Maiden name Elizabeth Howard

15. Birthplace Maryland

16. Informant Joseph H. Mayne, Jr.

Address Cambridge, Maryland

17. Burial Date thereof June 11, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. 6-11-1946 John Maryland  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 321 Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1946, at 2:55 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1, 1868, to 1946, and that I last saw him alive on July 27, 1946.

Immediate cause of death

Cerebral Hemorrhage

Due to: Generalized convulsions

Due to: Cerebral Hemorrhage

Other conditions: Hypertension

DURATION

value

220

220

220

220

220

220

220

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

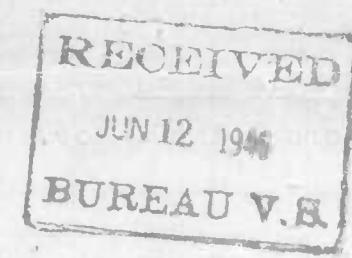
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John Maryland M. D. or other

Address Date signed 6-11-1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-A

05938

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County WichestonCity or town Mar Harlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Henry J. Metz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age \_\_\_\_\_ years

July 12 1872

8. AGE: Years

Months

Days

If less than one day

.hrs. .min.

73 11

9. Birthplace

(Town, county, and state)

Germany

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Phillip Metz

13. Birthplace

Germany

14. Maiden name

Elizabeth Moore

15. Birthplace

Germany

16. Informant

Philip Metz

Address

Mar Harlock

17. Burial, cremation, or removal (Which?)

Burial

Date thereof

June 9, 1946

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

A. B. Hulbighly

Address

Mar Harlock

19. Date rec'd by registrar

June 9-46

19. Date rec'd by registrar

Chas. Hastings

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

DorchesterCity or town Mar Harlock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 5th 1946 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on

one day

19.

and that I last saw him alive on

19.

Immediate cause of death

Central Hemorrhage

DURATION

1 dayDue to General Arteriosclerosis

1 yrs +

Due to

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

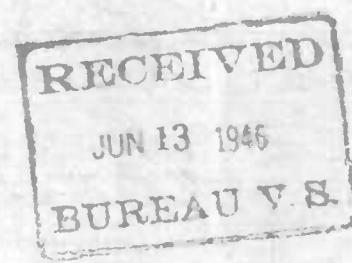
23. SIGNATURE

William C. Harrison MD

M. D. or other

Address

Mar Harlock MD.Date signed 6/1/46



M  
age

1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DORCHESTER

City or town near Williamsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 8 yrs.

## 3. (a) FULL NAME

ANNIE NEWTON or NUTON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Col

Widow

George Newson

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Jan 22 May 20 1900

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Way Cross Georgia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Ward

MOTHER FATHER

12. Name

George

13. Birthplace

no Date

14. Maiden name

15. Birthplace

16. Informant

Willie Hampton

Address

Williamsburg, Md. RFD

17. burial

Date thereof June 15 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Federal Hill

Location

Federalsburg, Md.

18. Funeral director

J. J. Rampton &amp; sons

Address

Federalsburg Md.

June 15 1946

(Date rec'd by registrar)

CHARLES W. HASTINGS

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town RFD Williamsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) Is veteran, name war.

## 3. (b) Social Security Number

217-12-4967

## MEDICAL CERTIFICATION

June 12, 1946

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1946 to June 12 1946

and that I last saw h. alive on

Immediate cause of death.

Due to Coronary occlusion

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

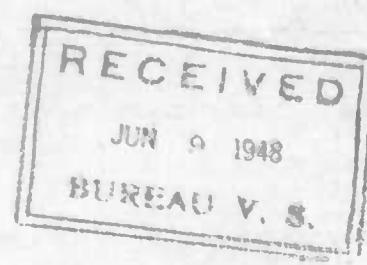
23. SIGNATURE

W P Harrison M.D.

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25-0

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

05939

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Shiloh Road

How long in hospital or institution?

## 3. (a) FULL NAME

Martina Sampson

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Eugene Sampson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

September 28, 1889

8. AGE:

Years  
56Months  
8Days  
9If less than one day  
..... hrs. ..... min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER

12. Name Henry Camper

FATHER

13. Birthplace Dorchester County, Maryland

MOTHER

14. Maiden name Catherine Fisher

FATHER

15. Birthplace Dorchester County, Maryland

16. Informant

Alberta Hubbard

17. Burial

Address 100 Eagle Street, Chester, PennsylvaniaDate thereof June 10 1946

(month) (day) (year)

Cemetery or crematory

Thompsonstown Cemetery

Location

Near East New Market, Maryland

18. Funeral director

J. J. Tramptom and Son

Address

Federalburg, Maryland19. Date rec'd by registrar June 10 - 1946

Registrat

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Shiloh Road

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

218-09-5836

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 10:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 45 to June 7 1946 and that last saw her alive on June 7 1946

Immediate cause of death

Chronic Myocardial Regeneration

DURATION

1 yr +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Data of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Harrison MD

M. D. or other

Address

Hurlock Md.Date signed 6/10/46

RECEIVED

JUN 13 1946

BUREAU V. S.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on 2411 N. Charles St., Baltimore 132  
Film No. 106 - 7/24/46

# CERTIFICATE OF DEATH

115940

Reg. Dist. No. 110

1. PLACE OF DEATH: Dorchester R.D.  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years  
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Samuel T. Snoot

4. Sex M 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Orast. Snoot

7. Birth date of deceased (mo., day, yr.) Aug 13 1874 B. (c) If alive, give age 60 years

8. AGE: Years 69 Months 7 Days 10 If less than one day

9. Birthplace Galestoun, Dor. Md. (Town, county, and state)

10. Usual occupation Egg Dealer

11. Industry or business Leonard Snoot

12. Name Leonard Snoot

13. Birthplace Md.

14. Maiden name Margaret Brahouse

15. Birthplace Md.

16. Informant Orast. Snoot

Address Seaford, Del. R.D.

17. Burial Date thereof 6 26 1946 (Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory Galestoun

Location Galestoun, Md.

18. Funeral director Graveson Bros.

Address Sharptown, Del.

19. Date rec'd by registrar June 26 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md County Dorchester  
City or town Galestoun, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to June 23 1946 and that I last saw him alive on June 23 1946

Immediate cause of death Left ventricular heart failure DURATION 6 hrs.  
arterio sclerosis heart disease 1 yr.  
Due to Coronary occlusion since Nov 45

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. \_\_\_\_\_

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

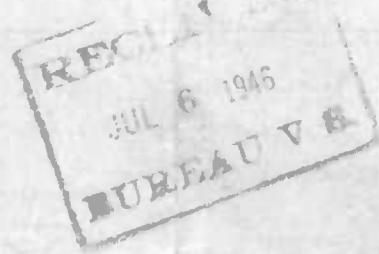
Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

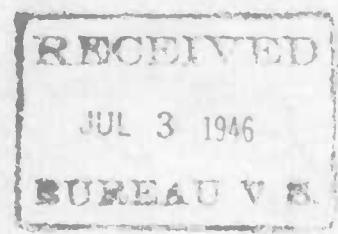
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. Leland Snoot M. D. or other \_\_\_\_\_

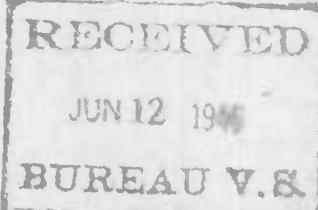
Address Seaford, Del. Date signed 6/28/46











PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B-2*

05943

## CERTIFICATE OF DEATH

Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County. DorchesterCity or town. Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? -

Hospital, institution, or street address where death occurred:

Fishing Creek

How long in hospital or institution? -

## 3. (a) FULL NAME

Noah L. Todd4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Louise F. Insley(Deceased 1/11/1922) 7. Birth date of deceased (mo., day, yr.) Dec. 8, 1854 8. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Dec. 8, 1854 8. AGE: Years 91 Months 6 Days 10 If less than one day hrs. min.9. Birthplace Toddville, Dor. Co., Md. (Town, county, and state)10. Usual occupation Retired11. Industry or business Retired12. Name Zebedee Todd13. Birthplace Maryland14. Maiden name Mary A. Todd INSLEY? *q.w.m.*15. Birthplace Maryland16. Informant Ivy R. ToddAddress High St., Cambridge, Maryland.17. Burial Date thereof June 20, 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Todd Family CemeteryLocation Toddville, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 19, 1946 Date rec'd by registrar James D. Meade Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. DorchesterCity or town. Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No. Aurora St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (b) Social Security Number -

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1946 to June 18, 1946 and that I last saw him alive on June 18, 1946.

Immediate cause of death

Cardio - Renal - Muscular  
disease withDue to Arterio - sclerosis and  
hypertension 20 yrsDue to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. None Date of NoneWhere did injury occur? None (City or town) None (County) None (State)

Injured at home, farm, industry, public place (where?)

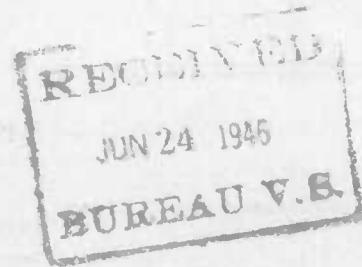
Means of injury

Injured at work?

23. SIGNATURE James D. Meade M.D.

M. D. or other

Address Fishing Creek, Md. Date signed June 19/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 71

## CERTIFICATE OF DEATH

115944

Reg. Dist. No.

116

1. PLACE OF DEATH:  
County..... Dorchester  
City or town..... Cambridge, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 11 yrs. 5 mos. 25 days  
Hospital, Institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? 11 yrs. 5 mos. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Somerset  
City or town..... Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

John Wilson

## 3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March, 1869

8. AGE: Years Months Days If less than one day  
77 3 xx5xx hrs. min.9. Birthplace..... Crisfield, Somerset Maryland  
(Town, county, and state)

10. Usual occupation..... None

## 11. Industry or business

12. Name..... James Wilson  
13. Birthplace..... Crisfield, Somerset Cy. Maryland14. Maiden name..... Susan Atwood  
15. Birthplace..... Cape Cod, Mass.

16. Informant..... Hospital records

Address..... Cambridge, Maryland  
17. Burial..... June 28, 1946  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory..... Crisfield Cemetery  
Location..... Crisfield, Somerset, Maryland

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Maryland  
Date rec'd by registrar..... June 28, 1946  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 25 1946, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 1934 to June 25 1946

and that I last saw him alive on June 24 1946

## Immediate cause of death

Castro-intestinal infection DURATION 1 day

Due to Senility-  
Arteriosclerosis and hypertension

Due to

Other conditions Mental deficiency

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

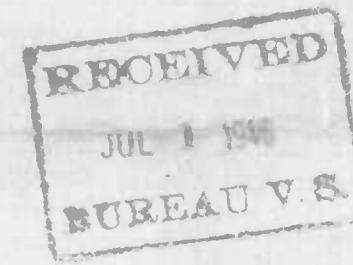
Means of injury

Injured at work

23. SIGNATURE..... Alice M. Bunnell M. D. or other

Address..... Cambridge Date signed 6/25/46

Dr. Jno. Mace  
Gloucester & Gloucester - 187  
Wine & Lard St. 392



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

115945

Reg. Dist. No. 10

## 1. PLACE OF DEATH:

County..... Dorchester

City or town..... Near Hurlock, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 day

Hospital, Institution, or street address where death occurred:

in Hunting Creek near bridge

How long in hospital or institution?.....

## 3. (a) FULL NAME

George Arthur Wright

## 3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife..... 

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 16, 1931

8. AGE: Years Months Days It less than one day  
14 9 22 . . . . . hrs. . . . . min.9. Birthplace..... Maryland  
(Town, county, and state)

10. Usual occupation..... school

11. Industry or business..... 12. Name.....   
13. Birthplace..... 14. Maiden name..... Grace Wright  
15. Birthplace..... Maryland

16. Informant..... Martha Wright (grandmother)

Address

Hurlock, Md.

17. Burial.....   
(Burial, cremation, or removal. Which?) Cemetery Date thereof..... June 10 1946

Cemetery or crematory

Location

East Main Street

of B. Hillingsby

18. Funeral director.....

Address

Hurlock

19. June 10 1946  
(Date rec'd by registrar)Charles Hastings  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Hurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No..... 

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

about

2D. DATE OF DEATH..... June 8 1946 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19. . . . . to ..... 19. . . . .

and that I last saw h. . . . . alive on ..... 19. . . . .

Immediate cause of death..... Drowning  
(Accidental)DURATION  
0Due to..... Due to..... Other conditions..... 

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of..... June 8/46

Where did injury occur? nr Hurlock Dorchester, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) nr Hunting Creek bridge

Means of injury..... Drowning

Injured at work?

no

23. SIGNATURE

M. D. or other

Address..... Cambridge, Md.

Date signed..... June 9/46

